

## **Return on Public Health Investment Summary**

2017/18 and beyond will require recommissioning PH services so that there is an explicit, evidence-based increased return on investment, with reduced costs to the Council and its partners. This will be based on the best evidence for the return on investment (Kings Fund etc, summarised below) and experience gained elsewhere, recognising that other local authorities have invested more and achieved greater savings than we have in Southampton.

To contribute to a net saving in **Adult Services**, the public health effort will shift to focus more on alcohol misuse prevention, more effective drug treatment programmes, befriending services (grants programme), falls prevention, reducing obesity, improving air quality and smoking cessation. For example, current and ex-smokers who require care in later life as a result of smoking related illnesses cost the Council an additional £2.4m each year.

To contribute to a net saving in **Children's Services**, the public health effort will shift to focus more on parenting support, including the Family Nurse Partnership programme, interventions to reduce bullying, prevention of conduct disorder through school-based social and emotional learning programmes, prevention of domestic violence, alcohol harm reduction (parents), prevention of teenage pregnancy and school based smoking cessation.

To contribute to the Council's priority of **economic growth**, public health will prioritise employee wellness programmes, including uptake of the SCC funded NHS Health Check (mandated service), work-based mental health promotion, and programmes to get disadvantaged groups back into work.

To contribute to the Council's priority of **clean and attractive streets**, smoking cessation will remain a priority - non-biodegradable smoking waste produces 29 tonnes of landfill each year, including 7 tonnes of cigarette waste discarded as street litter that must be collected by street cleaning services.

Engagement with individual, families and communities is essential for public health programmes to be successful and deliver maximal benefits and saving. Cross-Council community engagement effort will need to be well coordinated and appropriate resources identified.

### **Assessment: Number of pounds saved for each pound spent**

<b>Intervention</b>	<b>££s saved</b>	<b>Notes</b>
Reduction of obesity	£2	Over 5 years
Alcohol treatment	£4	Reduced public sector costs
Screening and brief interventions in primary care for alcohol misuse	£12	
Drugs treatment	£5	Reduced NHs and social care costs and reduced crime
Domestic violence prevention	£2.9	
Family Nurse Partnership (young parents-to-be)	£5	
School-based interventions to reduce bullying	£14	
Parenting programmes to prevent conduct disorder	£8	Over 6 years –savings to NHS, education and criminal justice system
Prevention of conduct disorder through school-based social and emotional learning programmes	£84	
Befriending services	£3.75	Reduced MH services costs
Motivational interviewing and developing supportive networks for people with alcohol and drug addiction	£5	Reduced health care, social care and criminal justice costs
Employee wellness programmes	£2-10	
Work-based mental health promotion	£10	After one year
Prevention of teenage pregnancy	£11	
Smoking cessation and tobacco control measures	£5	Over 5 years
School based smoking prevention	£15	
Be Active, including free use of leisure centres (Birmingham)	£23	Reduced NHS use, and better Quality of Life
Housing intervention to keep people safe and free from cold and damp	£70	Saving to NHS over 10 years
Falls prevention and bone health saves £5 for every £2 spent, through saving lives and maintaining independence	£2.5	Saving lives and maintaining independence
Programmes to get disadvantaged groups back into work	£3	Reduced costs of homelessness, crime, benefits and NHS care
Improving air quality	£6	(Eg Kensington and Chelsea)

Sources: Kings Fund, Joint Commissioning Panel for Mental Health